

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Skilled Healthcare Group Inc. Political Action Committee

ADDRESS (number and street) 27442 Portola Parkway Suite 200  
 Check if different than previously reported. (ACC)  
Foothill Ranch CA 92610

2. **FEC IDENTIFICATION NUMBER** C00442426  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2011 through 06 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Jon Sadayasu  
Signature of Treasurer Electronically Filed by Jon Sadayasu Date 07 20 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Skilled Healthcare Group Inc. Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		89716.23
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	89716.23									
(c) Total Receipts (from Line 19) .....	18348.47	18348.47								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	108064.70	108064.70								
7. Total Disbursements (from Line 31) .....	27300.00	27300.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	80764.70	80764.70								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Skilled Healthcare Group Inc. Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	10884.22	10884.22
(ii) Unitemized .....	7464.25	7464.25
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	18348.47	18348.47
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	18348.47	18348.47
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	18348.47	18348.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18348.47	18348.47

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	28500.00	28500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	-1200.00	-1200.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	27300.00	27300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27300.00	27300.00

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	18348.47	18348.47
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18348.47	18348.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Della Alexander	Date of Receipt MM / DD / YYYY 06 / 22 / 2011
	Mailing Address 10 West 15th Street	<b>Transaction ID:</b> A2011-1397442
	City State Zip Code Rover Lee TX 76945	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Skilled Healthcare LLC Occupation Regional Financial Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kelly Atkins	Date of Receipt MM / DD / YYYY 03 / 25 / 2011
	Mailing Address 27442 Portola Pkwy #200	<b>Transaction ID:</b> A2011-509922
	City State Zip Code Foothill Ranch CA 92610	Amount of Each Receipt this Period 36.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Skilled Healthcare LLC Occupation Area President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 216.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kelly Atkins	Date of Receipt MM / DD / YYYY 04 / 08 / 2011
	Mailing Address 27442 Portola Pkwy #200	<b>Transaction ID:</b> A2011-933913
	City State Zip Code Foothill Ranch CA 92610	Amount of Each Receipt this Period 36.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Skilled Healthcare LLC Occupation Area President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>372.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

A. Form/Schedule : **SA11AI**

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 45
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Kelly Atkins		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2011-934028
Name of Employer Skilled Healthcare LLC		Occupation Area President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="288.00"/>	<input type="text" value="36.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Kelly Atkins		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2011-934142
Name of Employer Skilled Healthcare LLC		Occupation Area President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="324.00"/>	<input type="text" value="36.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Kelly Atkins		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2011-1210830
Name of Employer Skilled Healthcare LLC		Occupation Area President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	<input type="text" value="36.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="108.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 45  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Kelly Atkins

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Area President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 396.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** A2011-1210996

Amount of Each Receipt this Period  
36.00

**B.** Full Name (Last, First, Middle Initial)  
Kelly Atkins

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Area President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

**Transaction ID:** A2011-1464519

Amount of Each Receipt this Period  
36.00

**C.** Full Name (Last, First, Middle Initial)  
Carrie Benefield

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2011

**Transaction ID:** A2011-413998

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **122.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Carrie Benefield

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

**Transaction ID:** A2011-509895

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Carrie Benefield

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2011

**Transaction ID:** A2011-510018

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Carrie Benefield

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2011

**Transaction ID:** A2011-934000

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Carrie Benefield

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: A2011-934115

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Carrie Benefield

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 1 1

Transaction ID: A2011-1210803

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Carrie Benefield

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 1 1

Transaction ID: A2011-1210915

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 45
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Carrie Benefield		Date of Receipt
	Mailing Address 27442 Portola Parkway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 10 / 2011
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2011-1464488
Name of Employer Skilled Healthcare LLC		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 50.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Carrie Benefield		Date of Receipt
	Mailing Address 27442 Portola Parkway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 24 / 2011
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2011-1464606
Name of Employer Skilled Healthcare LLC		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	<input type="text"/> 50.00

<b>C.</b>	Full Name (Last, First, Middle Initial) William A Crommett		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 25 / 2011
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2011-509919
Name of Employer Skilled Healthcare LLC		Occupation CIOSVP IT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 140.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
William A Crommett

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CIOSVP IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

**Transaction ID:** A2011-933910

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)  
William A Crommett

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CIOSVP IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

**Transaction ID:** A2011-934025

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
William A Crommett

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CIOSVP IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 1 1

**Transaction ID:** A2011-934139

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
William A Crommett

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CIOSVP IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 1 1

**Transaction ID:** A2011-1210827

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)  
William A Crommett

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CIOSVP IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

**Transaction ID:** A2011-1210993

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
William A Crommett

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CIOSVP IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

**Transaction ID:** A2011-1464516

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 45  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Huong Dang

Mailing Address 2909 West Willits

City State Zip Code  
Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2011

**Transaction ID:** A2011-933921

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
Huong Dang

Mailing Address 2909 West Willits

City State Zip Code  
Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2011

**Transaction ID:** A2011-934036

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
Huong Dang

Mailing Address 2909 West Willits

City State Zip Code  
Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2011

**Transaction ID:** A2011-934150

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Huong Dang		Date of Receipt																					
	Mailing Address 2909 West Willits		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	0		2	0	1	1														
	City State Zip Code Santa Ana CA 92704		<b>Transaction ID:</b> A2011-1210838																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: Skilled Healthcare LLC Occupation: VP Internal Audit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		30.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) Huong Dang		Date of Receipt																					
	Mailing Address 2909 West Willits		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		0	3		2	0	1	1														
	City State Zip Code Santa Ana CA 92704		<b>Transaction ID:</b> A2011-1211004																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: Skilled Healthcare LLC Occupation: VP Internal Audit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00		30.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) Huong Dang		Date of Receipt																					
	Mailing Address 2909 West Willits		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		1	7		2	0	1	1														
	City State Zip Code Santa Ana CA 92704		<b>Transaction ID:</b> A2011-1464527																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: Skilled Healthcare LLC Occupation: VP Internal Audit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		30.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Robert Fancy

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Rnach CA 96210

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VP Risk Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 1 1

**Transaction ID:** A2011-934155

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert Fancy

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Rnach CA 96210

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VP Risk Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 1 1

**Transaction ID:** A2011-1210843

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert Fancy

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Rnach CA 96210

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VP Risk Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

**Transaction ID:** A2011-1211009

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 45  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Robert Fancy

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VP Risk Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

Transaction ID: A2011-1464532

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Christopher Felfe

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CAO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2011

Transaction ID: A2011-934146

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Christopher Felfe

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CAO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2011

Transaction ID: A2011-1210834

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **75.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Christopher Felfe	Date of Receipt MM / DD / YYYY 06 / 03 / 2011
	Mailing Address 27442 Portola Pkwy #200	<b>Transaction ID:</b> A2011-1211000
	City State Zip Code Foothill Ranch CA 92610	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Skilled Healthcare LLC    Occupation CAO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Christopher Felfe	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 27442 Portola Pkwy #200	<b>Transaction ID:</b> A2011-1464523
	City State Zip Code Foothill Ranch CA 92610	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Skilled Healthcare LLC    Occupation CAO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Denise German	Date of Receipt MM / DD / YYYY 06 / 03 / 2011
	Mailing Address 27442 Portola Pkwy #200	<b>Transaction ID:</b> A2011-1210997
	City State Zip Code Foothill Ranch CA 92610	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Skilled Healthcare LLC    Occupation VPO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	70.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Denise German

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 17 / 2011

**Transaction ID:** A2011-1464520

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Devasis Ghose

Mailing Address 36 Vernon

City State Zip Code  
Newport Coast CA 92657

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 10 / 2011

**Transaction ID:** A2011-1395253

Amount of Each Receipt this Period  
1500.00

**C.**

Full Name (Last, First, Middle Initial)  
Boyd W Hendrickson

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 28 / 2011

**Transaction ID:** A2011-191248

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1720.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Boyd W Hendrickson

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Skilled Healthcare LLC CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 1 / 2 0 1 1

Transaction ID: A2011-414112

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Boyd W Hendrickson

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Skilled Healthcare LLC CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: A2011-414240

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Boyd W Hendrickson

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Skilled Healthcare LLC CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 1 1

Transaction ID: A2011-414330

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

600.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Boyd W Hendrickson

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 1 1

**Transaction ID:** A2011-509918

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Boyd W Hendrickson

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

**Transaction ID:** A2011-933909

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Boyd W Hendrickson

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

**Transaction ID:** A2011-934024

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 600.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 45  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Boyd W Hendrickson  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Skilled Healthcare LLC Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00  
 Date of Receipt 05 / 06 / 2011  
**Transaction ID:** A2011-934138  
 Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Boyd W Hendrickson  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Skilled Healthcare LLC Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00  
 Date of Receipt 05 / 20 / 2011  
**Transaction ID:** A2011-1210826  
 Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Boyd W Hendrickson  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Skilled Healthcare LLC Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00  
 Date of Receipt 06 / 03 / 2011  
**Transaction ID:** A2011-1210991  
 Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 600.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 45  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Boyd W Hendrickson

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

**Transaction ID:** A2011-1464514

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Lorraine Kozloski

Mailing Address 534 Via Estrada Unit A

City State Zip Code  
Laguna Woods CA 92637

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Accountant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** A2011-1211002

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Lorraine Kozloski

Mailing Address 534 Via Estrada Unit A

City State Zip Code  
Laguna Woods CA 92637

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Accountant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

**Transaction ID:** A2011-1464525

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 240.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 45  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Zachary Larson

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Ranch CA 96210

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Associate Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2011

**Transaction ID:** A2011-934156

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Zachary Larson

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Ranch CA 96210

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Associate Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2011

**Transaction ID:** A2011-1210844

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Zachary Larson

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Ranch CA 96210

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Associate Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** A2011-1211010

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 45  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Zachary Larson

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Associate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

**Transaction ID:** A2011-1464533

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Jose Lynch

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation President and COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** A2011-1210992

Amount of Each Receipt this Period  
312.50

**C.**

Full Name (Last, First, Middle Initial)  
Jose Lynch

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation President and COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

**Transaction ID:** A2011-1464515

Amount of Each Receipt this Period  
312.50

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 45  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Frederic Maas

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP Director of Tax

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2011

**Transaction ID:** A2011-509924

Amount of Each Receipt this Period  
38.46

**B.** Full Name (Last, First, Middle Initial)  
Frederic Maas

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP Director of Tax

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 08 / 2011

**Transaction ID:** A2011-933915

Amount of Each Receipt this Period  
38.46

**C.** Full Name (Last, First, Middle Initial)  
Frederic Maas

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP Director of Tax

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 22 / 2011

**Transaction ID:** A2011-934030

Amount of Each Receipt this Period  
38.46

**SUBTOTAL** of Receipts This Page (optional) ..... ► **115.38**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 45  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Frederic Maas

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP Director of Tax

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 1 1

**Transaction ID:** A2011-934144

Amount of Each Receipt this Period  
38.46

**B.** Full Name (Last, First, Middle Initial)  
Frederic Maas

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP Director of Tax

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 1 1

**Transaction ID:** A2011-1210832

Amount of Each Receipt this Period  
38.46

**C.** Full Name (Last, First, Middle Initial)  
Frederic Maas

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP Director of Tax

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

**Transaction ID:** A2011-1210998

Amount of Each Receipt this Period  
38.46

**SUBTOTAL** of Receipts This Page (optional) ..... ► **115.38**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Frederic Maas		Date of Receipt MM / DD / YYYY 06 / 17 / 2011
Mailing Address 27442 Portola Pkwy #200		<b>Transaction ID:</b> A2011-1464521
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.46
Name of Employer Skilled Healthcare LLC	Occupation SVP Director of Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

**B.**

Full Name (Last, First, Middle Initial) Jimmy Melton		Date of Receipt MM / DD / YYYY 06 / 03 / 2011
Mailing Address 27442 Portola Pkwy #200		<b>Transaction ID:</b> A2011-1211053
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Skilled Healthcare LLC	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**C.**

Full Name (Last, First, Middle Initial) Jimmy Melton		Date of Receipt MM / DD / YYYY 06 / 17 / 2011
Mailing Address 27442 Portola Pkwy #200		<b>Transaction ID:</b> A2011-1464576
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Skilled Healthcare LLC	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>78.46</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Roland Rapp		Date of Receipt MM / DD / YYYY 01 / 28 / 2011
Mailing Address 27442 Portola Pkwy #200		<b>Transaction ID:</b> A2011-191250
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.00
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.00	

**B.**

Full Name (Last, First, Middle Initial) Roland Rapp		Date of Receipt MM / DD / YYYY 02 / 11 / 2011
Mailing Address 27442 Portola Pkwy #200		<b>Transaction ID:</b> A2011-414114
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.00
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

**C.**

Full Name (Last, First, Middle Initial) Roland Rapp		Date of Receipt MM / DD / YYYY 02 / 25 / 2011
Mailing Address 27442 Portola Pkwy #200		<b>Transaction ID:</b> A2011-414242
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.00
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 768.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	576.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Roland Rapp		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Skilled Healthcare LLC		Occupation General Counsel/CAO	<b>Transaction ID:</b> A2011-414332
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="960.00"/>	<input type="text" value="192.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Roland Rapp		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Skilled Healthcare LLC		Occupation General Counsel/CAO	<b>Transaction ID:</b> A2011-509920
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1152.00"/>	<input type="text" value="192.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Roland Rapp		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Skilled Healthcare LLC		Occupation General Counsel/CAO	<b>Transaction ID:</b> A2011-933911
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1344.00"/>	<input type="text" value="192.00"/>

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Roland Rapp		Date of Receipt MM / DD / YYYY 04 / 22 / 2011
Mailing Address 27442 Portola Pkwy #200		<b>Transaction ID:</b> A2011-934026
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.00
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1536.00	

**B.**

Full Name (Last, First, Middle Initial) Roland Rapp		Date of Receipt MM / DD / YYYY 05 / 06 / 2011
Mailing Address 27442 Portola Pkwy #200		<b>Transaction ID:</b> A2011-934140
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.00
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1728.00	

**C.**

Full Name (Last, First, Middle Initial) Roland Rapp		Date of Receipt MM / DD / YYYY 05 / 20 / 2011
Mailing Address 27442 Portola Pkwy #200		<b>Transaction ID:</b> A2011-1210828
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.00
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1920.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>576.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 33 / 45  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Roland Rapp  
Mailing Address 27442 Portola Pkwy #200  
City State Zip Code  
Foothill Ranch CA 92610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Skilled Healthcare LLC Occupation General Counsel/CAO  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2112.00  
Date of Receipt: MM / DD / YYYY 06 / 03 / 2011  
Transaction ID: A2011-1210994  
Amount of Each Receipt this Period 192.00

**B.** Full Name (Last, First, Middle Initial)  
Roland Rapp  
Mailing Address 27442 Portola Pkwy #200  
City State Zip Code  
Foothill Ranch CA 92610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Skilled Healthcare LLC Occupation General Counsel/CAO  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2304.00  
Date of Receipt: MM / DD / YYYY 06 / 17 / 2011  
Transaction ID: A2011-1464517  
Amount of Each Receipt this Period 192.00

**C.** Full Name (Last, First, Middle Initial)  
Jon Sadayasu  
Mailing Address 27442 Portola Pkwy #200  
City State Zip Code  
Foothill Ranch CA 92610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Skilled Healthcare LLC Occupation VP Finance Controller  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00  
Date of Receipt: MM / DD / YYYY 06 / 03 / 2011  
Transaction ID: A2011-1211001  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 404.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 45  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Jon Sadayasu

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VP Finance Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

**Transaction ID:** A2011-1464524

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Aisha Salaam

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP Professional Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2011

**Transaction ID:** A2011-414333

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Aisha Salaam

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP Professional Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2011

**Transaction ID:** A2011-509921

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 45		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Aisha Salaam		Date of Receipt MM / DD / YYYY 04 / 08 / 2011		
	Mailing Address 27442 Portola Pkwy #200		<b>Transaction ID:</b> A2011-933912		
	City Foothill Ranch	State CA	Zip Code 92610	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation SVP Professional Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Aisha Salaam		Date of Receipt MM / DD / YYYY 04 / 22 / 2011		
	Mailing Address 27442 Portola Pkwy #200		<b>Transaction ID:</b> A2011-934027		
	City Foothill Ranch	State CA	Zip Code 92610	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation SVP Professional Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Aisha Salaam		Date of Receipt MM / DD / YYYY 05 / 06 / 2011		
	Mailing Address 27442 Portola Pkwy #200		<b>Transaction ID:</b> A2011-934141		
	City Foothill Ranch	State CA	Zip Code 92610	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation SVP Professional Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 45  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Aisha Salaam

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP Professional Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2011

**Transaction ID:** A2011-1210829

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Aisha Salaam

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP Professional Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** A2011-1210995

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Aisha Salaam

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP Professional Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 551.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

**Transaction ID:** A2011-1464518

Amount of Each Receipt this Period  
1.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **101.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Kelly Smith

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Area President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2011

**Transaction ID:** A2011-934152

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Kelly Smith

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Area President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2011

**Transaction ID:** A2011-1210840

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Kelly Smith

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Area President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** A2011-1211006

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Kelly Smith

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Area President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 17 / 2011

**Transaction ID:** A2011-1464529

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Stephens

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 10 / 2011

**Transaction ID:** A2011-1395254

Amount of Each Receipt this Period  
1500.00

**C.**

Full Name (Last, First, Middle Initial)  
Peter Stong

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 25 / 2011

**Transaction ID:** A2011-510000

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1560.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 45  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Peter Stong

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VPO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

**Transaction ID:** A2011-933983

Amount of Each Receipt this Period 35.00

**B.** Full Name (Last, First, Middle Initial)  
Peter Stong

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VPO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

**Transaction ID:** A2011-934098

Amount of Each Receipt this Period 35.00

**C.** Full Name (Last, First, Middle Initial)  
Peter Stong

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VPO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 1 1

**Transaction ID:** A2011-934209

Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 105.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Peter Stong

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2011

**Transaction ID:** A2011-1210898

Amount of Each Receipt this Period  
35.00

**B.**

Full Name (Last, First, Middle Initial)  
Peter Stong

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** A2011-1211063

Amount of Each Receipt this Period  
35.00

**C.**

Full Name (Last, First, Middle Initial)  
Peter Stong

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

**Transaction ID:** A2011-1464586

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **105.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Mary Thurber		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 27442 Portola Pkwy #200		<b>Transaction ID:</b> A2011-1210903
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Skilled Healthcare LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**B.**

Full Name (Last, First, Middle Initial) Mary Thurber		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 27442 Portola Pkwy #200		<b>Transaction ID:</b> A2011-1464476
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Skilled Healthcare LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

**C.**

Full Name (Last, First, Middle Initial) Mary Thurber		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 27442 Portola Pkwy #200		<b>Transaction ID:</b> A2011-1464595
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Skilled Healthcare LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	10884.22

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Gingrey for Congress	Transaction ID: B376510 Date of Disbursement
	Mailing Address 700 12th Street NW Ste 700	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name J. P Gingrey, MD	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pompeo for Congress	Transaction ID: B376509 Date of Disbursement
	Mailing Address 12176 Chancery Station Circle	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
	City Reston State VA Zip Code 20190	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Michael R Pompeo	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Roberts for Senate	Transaction ID: B386497 Date of Disbursement
	Mailing Address PO Box 433	<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City Great Bend State KS Zip Code 67530	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Pat Roberts	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) McConnell Senate Committee <hr/> Mailing Address 400 North Capitol St NW Ste 585 <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement Contribution Candidate Name Mitch McConnell Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B377647 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends of Max Baucus <hr/> Mailing Address 122 C Street NW Suite 505 <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement Contribution Candidate Name Max Baucus Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B384736 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 5000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Boehner for Speaker <hr/> Mailing Address 631-B Pennsylvania Avenue SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Contribution-Jt. FR Cmte Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Transaction ID: B384646 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 5000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends of Glenn Thompson	Transaction ID: B375918 Date of Disbursement
	Mailing Address PO Box 1112	<input type="text" value="01"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City State College State PA Zip Code 16804	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Glenn Thompson	<input type="text" value="500.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		011 Category/ Type

B.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Cmte	Transaction ID: B387754 Date of Disbursement
	Mailing Address 430 South Capitol Street SE	<input type="text" value="06"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
		011 Category/ Type

C.	Full Name (Last, First, Middle Initial) Hatch Election Committee	Transaction ID: B385581 Date of Disbursement
	Mailing Address 170 South Main Street Suite 500	<input type="text" value="05"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Salt Lake City State UT Zip Code 84101	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Orrin G Hatch	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="28500.00"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Susana Martinez for Governor

Mailing Address 6125 Jornada N

City State Zip Code  
Las Cruces NM 88012

Purpose of Disbursement  
G-2010 Governor NM

Candidate Name  
Susana Martinez

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: B345765

Date of Disbursement

02 / 03 / 2011

Amount of Each Disbursement this Period

-1200.00

Voided: Original check da-  
ted 08/23/2010

SUBTOTAL of Disbursements This Page (optional) .....

-1200.00

TOTAL This Period (last page this line number only) .....

-1200.00